


18937 KYLE LN

00133118

6/8/2007

duponbj

Groundwater and Wastewater Services File Imaging Project
May 2007
*Barcode Font = IDAutomationHC39M*

# CERTIFICATE OF COMPLETION/OPERATION PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5984A DATE: 9/27/96

TC: 001-331-18 ☐ CRT

SERIAL Nº 16831

Name of Owner Bill Wortman Juris.:

Address of Property 18937 Kyle Lane

**Inspection Data:**

Tank Material PCC

Total Length of Drainfield

Number of Lines NA @

Cover Depth

Water Supply Source Well

Distance to Water Source >100'

Excavation Inspected

Tank(s) Inspected 9/26/96, 9/27/96

Wash Line Inspected NA

High Water Alarm Inspected

PLOT

Design 1996 Alteration, 1500gST CTR# 3

The undersigned has inspected the Septic Tank System described above, and certifies it has been Richard Abernathy

☐ installed or constructed ☑ altered or repaired

☑ in accordance with the permit issued ☐ as detailed in the plot above

and meets the provisions of 15A NCAC 18A. 1900, "Laws And Rules For Sewage Treatment and Disposal Systems" in effect on the date of issuance of the permit. This issuance of this

~~☐ Certificate of Completion~~ ☑ Operation Permit

does not in any way guarantee that the system will operate properly or relieve any person now or hereafter owning, controlling, or using such system from any liability resulting from the failure of the system to operate properly. This document is issued subject to those restrictions and conditions shown on the permit(s) and the provisions of 15A NCAC 18A. 1990 in addition to those listed below under "COMMENTS." This document shall be null and void if any information contained in the application is untrue or if any additions are made to the property which would increase the requirements for said system.

***Notice:*** *Disturbance of the designated repair area may result in the suspension/revocation of this permit.*

COMMENTS: New septic tank installed in order to meet minimum 5' setback from proposed addition; house to remain a 2 bedroom after addition + interior renovations.

OD < 1985

Type II

Jiba B. Mialik, RS
Environmental Health Specialist

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR APPROVAL

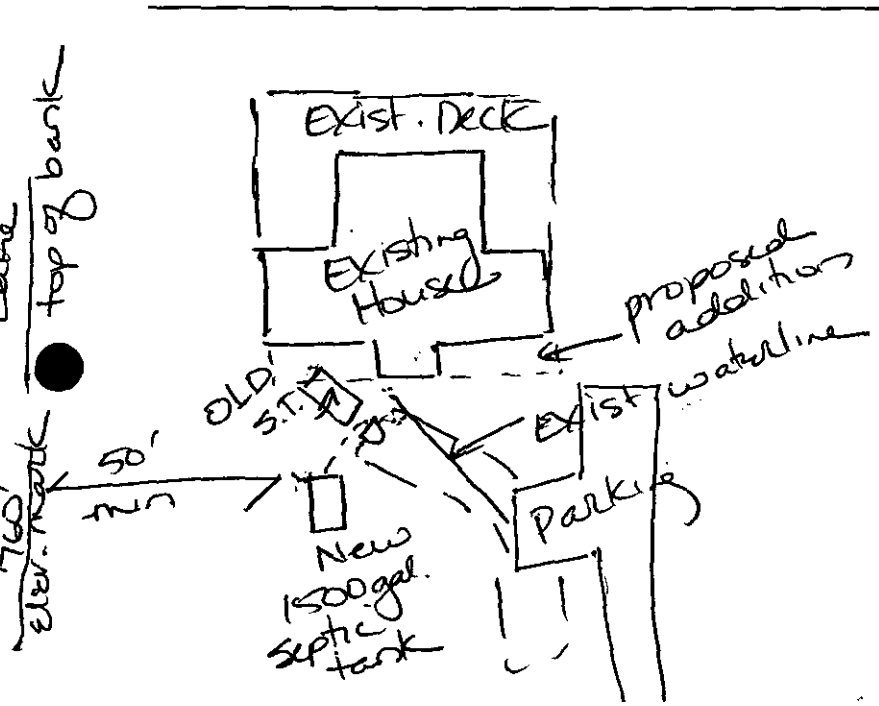
HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON ST., SUITE 211
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5984A DATE: 9/23/96

TC: 001-331-18 DL

SERIAL Nº 17017

Permission is hereby given to _____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 9/11/96. All work shall be completed on or before 10/23/96, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 15A NCAC 18A. 1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Health Department before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank 1500 gallons

Liquid Capacity of Dosing Tank N/A gallons

Tank Construction PCC

Trench Depth _____

Absorption and/or Nitrification Lines:

Trench Width _____ feet

Trench Walls Scored and Porous NA

Total Line Length _____ feet

Number of Lines _____

Depth of Stone _____ inches

Distance from House 5' feet from proposed addition

Distance from Property Line >10 feet

Distance from Well >100' feet

9/23/96 Advised property owner, Dr. Wortman regarding existing waterline location. Dr. Wortman does not want to relocate waterline

NOTICE: This system shall not be installed while soils are in a wet condition.

NAME OF OWNER Bill Wortman

LOCATION OF PROPERTY 18937 Kyle Lane

Comments:

(1) Keep new septic tank 50' minimum from 760' high water mark of lake; keep installation 5' minimum from proposed addition.

(2) Connect new septic tank into existing D-Box

(3) Pump existing septic tank, fill with clean dirt & sand. Inform building standards of situation due to foundation construction

Lisa B. Mialik, RS
Environmental Health Specialist

# 200.00

FEE: 200.00
DATE: 9-11-96 Cash

**APPLICATION FOR IMPROVEMENT PERMIT**
**FOR RESIDENTIAL SITE**
**INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM**

CRT

TYPE APPLICATION: __ NEW SYSTEM ✓ EXPANSION/ ALTERATION OF EXISTING SYSTEM __ REPAIR OF EXISTING SYSTEM

NORTH CAROLINA
DEPARTMENT OF ENVIRONMENT,
HEALTH, AND NATURAL RESOURCES
DIVISION OF ENVIRONMENTAL HEALTH
ON-SITE WASTEWATER SECTION

FILE #: 59844

PROPERTY INFORMATION (FROM ENGINEERING FORM) FOR JOB LOCATION:

TAX/PARCEL NUMBER: 001-331-18

STREET ADDRESS: 18937 Kyle Lane

SUBDIVISION OR MOBILE HOME PARK NAME:

LOT NUMBER:

TOWNSHIP (CHECK ONE):

✓ 0 MECKLENBURG
__ 1 CHARLOTTE
__ 2 DAVIDSON
__ 3 CORNELIUS
__ 4 PINEVILLE
__ 5 MATTHEWS
__ 6 HUNTERSVILLE
__ 7 MINT HILL

CLOSING DATE_____

TYPE OF BUILDING (CHECK ONE):

__ SINGLE MOBILE HOME(S)
__ DOUBLE WIDE (D)
✓ HOUSE (H)
__ MODULAR HOME (M)
__ MULTIPLE FAMILY (U)
__ OTHER (O)

HEATED SQUARE FOOTAGE: 990 SF

NUMBER OF BEDROOMS: 2 NUMBER OF OCCUPANTS: 2

FOUNDATION FOR RESIDENCE:

__ WITHOUT BASEMENT /ON SLAB
✓ CRAWL SPACE
__ WITH BASEMENT /PLUMBING
__ WITH BASEMENT /NO PLUMBING

9/27/96 Approval for 1 bedroom + bath addition + interior renovations. New S.T. installed to meet required 5' setback - house to remain a 2 bedroom. Existing bedroom will be converted to an office - office will provide access to laundry room to stairs to 2nd story bedroom addition.

IF EXPANSION/ALTERATION OF EXISTING SYSTEM, DESCRIBE THE PROPOSED BUILDING ADDITION:

ADD A 2nd Floor - This will be a bedroom (1) and a bathroom (1)

WILL THERE BE A HOME BUSINESS IN THE RESIDENCE: __ YES ✓ NO TYPE: _____

WATER SUPPLY (CHECK ONE):

__ COMMUNITY (C)
__ MUNICIPAL (M)
✓ PRIVATE WELL (P)
__ SHARED WELL (S)
__ OTHER 'SPRINGS' (O)

No change in sewage flow.

IF ANY OF THE FOLLOWING ARE LOCATED ON THE PROPERTY, PLEASE SHOW LOCATION ON PLAT:

| | | | |
|---|---|---|---|
| BURIED CABLES, LANDFILLS, STUMPHOLES | ✓ YES __ NO | WELL, SPRINGS OR WATERLINES | __ YES __ NO |
| EXISTING WASTEWATER SYSTEMS | __ YES __ NO | DESIGNATED WETLANDS | __ YES __ NO |
| EASTMENTS OR RIGHT-OF-WAYS | __ YES __ NO | | |

| PROPERTY OWNER: | LEGAL AGENT FOR PROPERTY OWNER, IF APPLICABLE: |
|---|---|
| NAME: WORTMAN BILL (LAST) (FIRST) (MI) | NAME: ABRAHAM MITCHELL T. (LAST) (FIRST) (MI) |
| ADDRESS: 18937 Kyle Lane | DAYTIME PHONE: (704) 663-6821 |
| CITY: HUNTERSVILLE STATE: NC ZIP: 28031 | Mobile 662-5113 |
| DAYTIME PHONE: (704) 892-0170 | |

WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____

An Improvement Permit is subject to suspension or revocation if site plans or the intended use change or if information submitted in this application is falsified or changed. The undersigned, owner, or legal agent for the owner, of the property described above as the "Job Location" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the Mecklenburg County Health Department to enter onto the property for the purpose of processing this request.

SIGNED: Mitchell T. Abraham / Builder - Agent Authorized Owner's DATE: 9-11-96

MECKLENBURG COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
c/o HAL MARSHALL CTR., SUITE 211, 700 N. TRYON ST., CHARLOTTE, N.C. 28202., (704) 336-5102

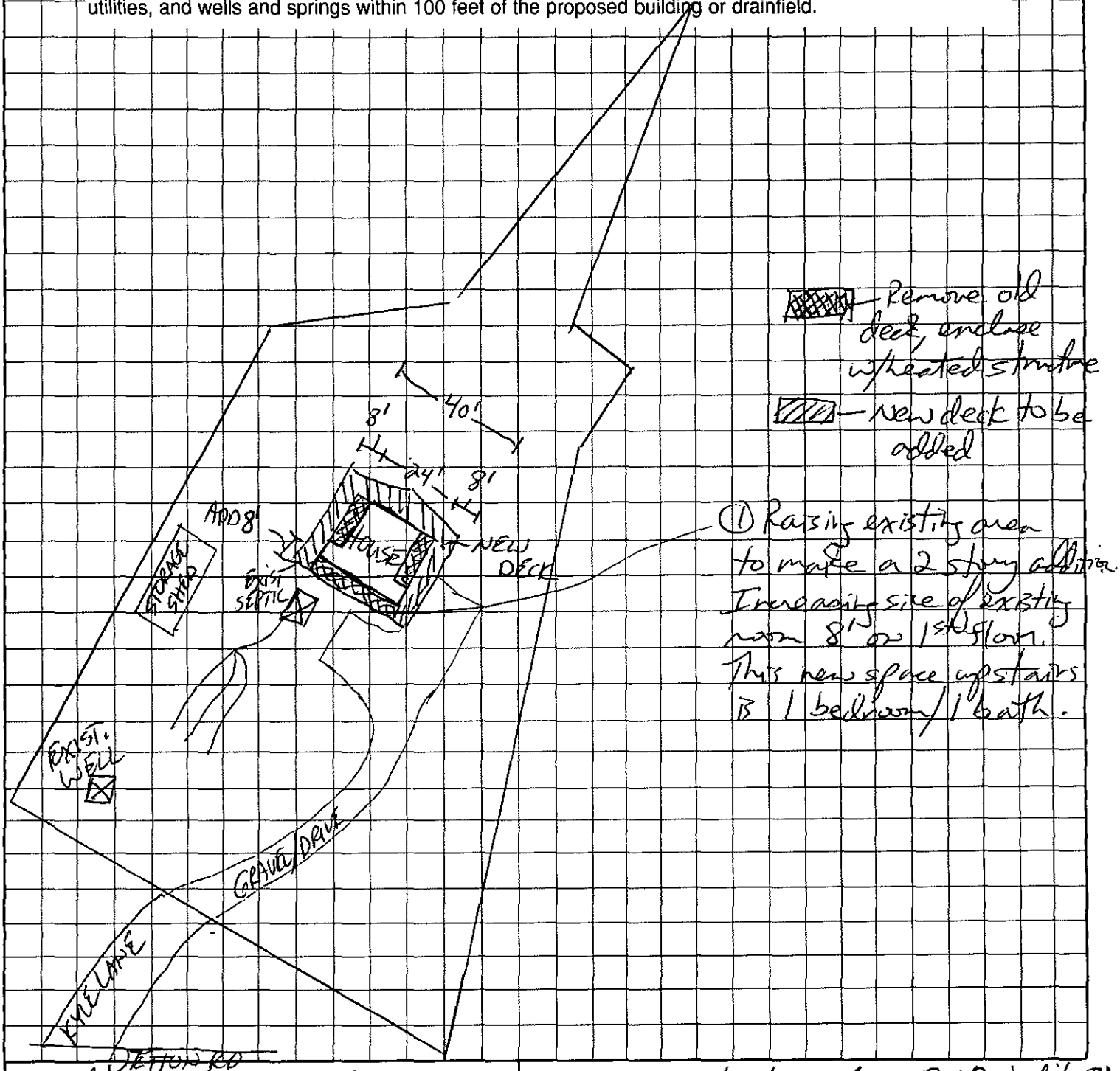
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5984A

TC: _____

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




Mitchell T. Abraham / Builder
OWNER/AGENT SIGNATURE

DATE 9-11-96

APPROVAL DATE 9/27/96 Iva B. Malik, RS

House to remain 2 bedroom after 2nd story addition + renovations. No change in sewage flow.

White - Health Department's Copy

Canary - E.H.S. Copy

Pink - Owner's Copy

- COMPLETE THIS APPLICATION ACCURATELY, LEGIBLY AND CORRECT ERRORS ON ALL PAGES NEATLY. *THIS IS A LEGAL DOCUMENT.*
- SHADED AREAS FOR DEPARTMENT USE ONLY.

DATA FORMS OF CHARLOTTE, INC.

# PLOT PLAN FOR PERMIT APPLICATION
## ONE/TWO FAMILY, MODULAR, MOBILE HOME OR ZONING USE

**LOCATION**

STREET # (N,S,E,W) 18937 — STREET NAME KYLE LANE (AV,RD,ST, etc)

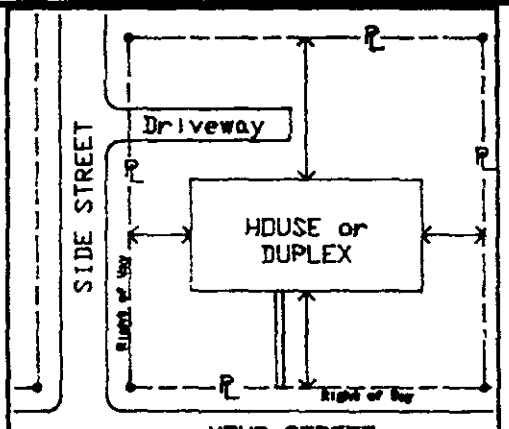
SUITE/UNIT(S):

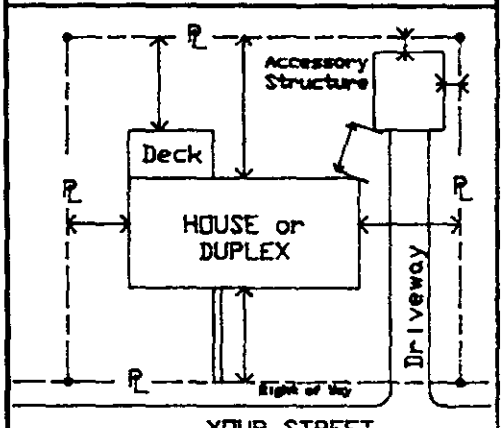
**PERMIT #**

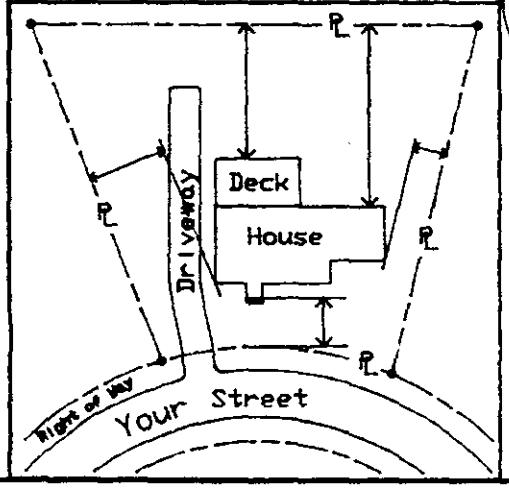
TAX JURISDICTION: *(Check One)*
☑ 0-Mecklenburg ☐ 1-Charlotte ☐ 2-Davidson ☐ 3-Cornelius
☐ 4-Pineville ☐ 5-Matthews ☐ 6-Huntersville ☐ 7-Mint Hill

**TAX PARCEL #** 001-331-18 **JOB #**

**EXAMPLES - PLOT PLAN**



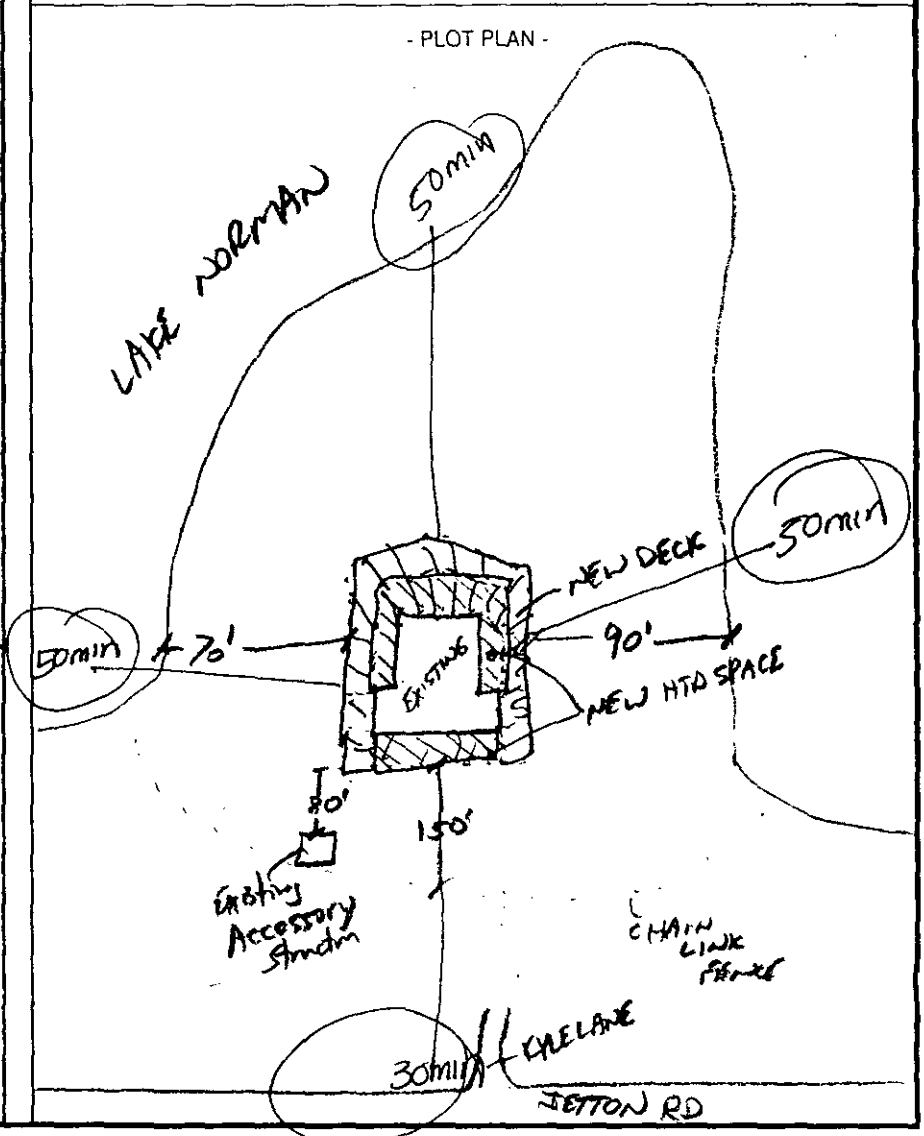




- INSTRUCTIONS -

*In the space provided below,* draw plot plan as neatly and accurately as possible, from survey if available.

1. Draw street(s) and right-of-way(s).
2. Draw property lines *with dimensions.*
3. Draw proposed and existing buildings showing any attached porch(es), deck(s), chimney(s), carport(s), or *garage(s), etc...*
4. Show distances of buildings from property lines or other structures.
5. Separate application and plot plan *required for each building.*

- PLOT PLAN -




ALL EXISTING AND PROPOSED BUILDING(S) ON LOT ARE SHOWN WITH MEASUREMENTS INDICATED

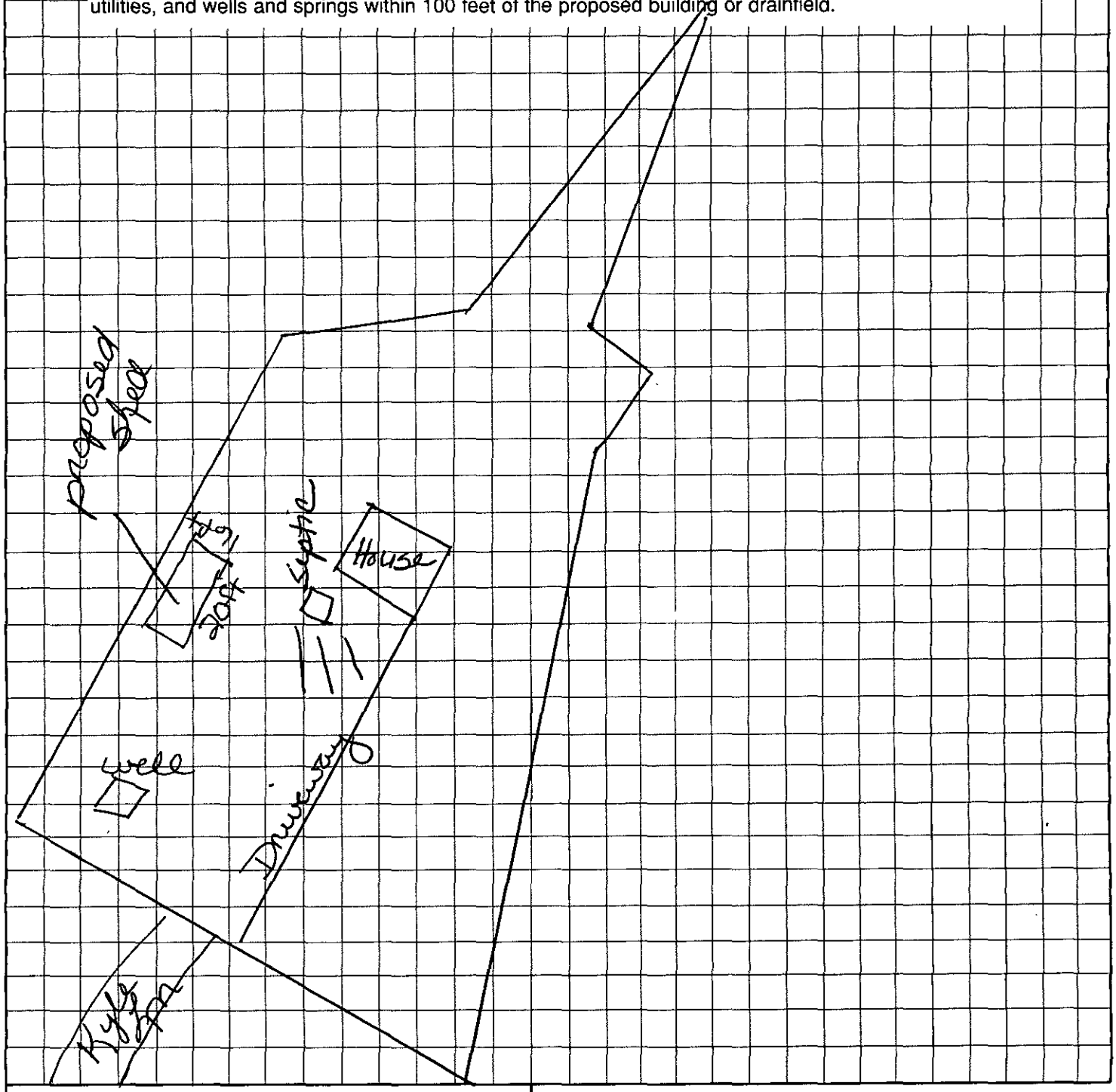
# PROPOSED PLOT PLAN

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
700 NORTH TRYON STREET
CHARLOTTE, NC 28202
PHONE (704) 336-5102

FILE: 5984A

TC: 001-331-18

Draw in and name all roads adjoining the property. Draw in and accurately dimension the lot concerned. Accurately indicate property boundaries proposed and/or existing structures and driveways, underground utilities, and wells and springs within 100 feet of the proposed building or drainfield.




OWNER/AGENT SIGNATURE

DATE

APPROVAL DATE 9/20/95 for

White - Health Department's Copy  Canary - E.H.S. Copy  Pink - Owner's Copy

15 K 00

5984A

INDIVIDUAL WATER AND WASTEWATER SYSTEMS PROGRAM
APPLICATION FOR SERVICES

9/18/95 $30.00 CK
CK#3656

Mecklenburg County Health Dept.
Environmental Health Division
c/o Hal Marshall Ctr., Suite 211
700 N. Tryon St.
Charlotte, NC 28202

(704)336-5102

PERSON FILING APPLICATION:

NAME: Wortman William J
(last) (first) (mi)

ADDRESS: 18937 Kyle Ln PHONE: (__) 892-0170

CITY: Huntersville STATE: NC ZIPCODE:

Date:

PROPERTY OWNER:

NAME: Same
(last) (first) (mi)

ADDRESS: _____ PHONE: (__) _____

CITY: STATE: ZIPCODE:

PROPERTY INFORMATION (FROM ENGINEERING FORM):

TAX/PARCEL NUMBER: 001-331-18

STREET ADDRESS: 18937 Kyle Ln Huntersville NC

ZONING:

SUBDIVISION OR MOBILE HOME PARK NAME:

Township (check one):
☒ 0 Mecklenburg County ☐ 2 Davidson ☐ 4 Pineville ☐ 6 Huntersville
☐ 1 Charlotte ☐ 3 Cornelius ☐ 5 Matthews ☐ 7 Mint Hill

LOT NUMBER: LOT SIZE (in acres):

TYPE APPLICATION (check one):

☐ SOIL TEST - INDIVIDUAL LOT (D)
☐ NEW CONSTRUCTION ON VACANT LOT - 6 BEDROOMS OR LESS (N)
☐ EXCHANGE MOBILE HOME - SAME # BEDROOMS (Y)
☐ ADDITION - INCREASE ROOMS/OCCUPANCY/MOBILE HOME SIZE (A or M)
☐ COMMERCIAL OR INDUSTRIAL (N)
☐ SOIL TEST DEVELOPMENT (P)
☒ ADDITION - GARAGE OR RENOVATION/NO MAJOR CHANGES (X) Storage Shed
☐ MODIFIED /ALTERNATIVE/ OR RESIDENCE > 6 BEDROOMS (Z)
☐ REPAIR TO SYSTEM (R)

RESIDENTIAL PROPERTY (Type Building, check one):
☐ SINGLE MOBILE HOME (S) ☐ HOUSE (H) ☐ MULTIPLE FAMILY (U)
☐ DOUBLE WIDE (D) ☐ MODULAR HOME (M) ☐ OTHER _____ (O)

NUMBER BEDROOMS: 2 NUMBER OCCUPANTS: 2

SYSTEM CLASSIFICATION:

COMMERCIAL/INDUSTRIAL PROPERTY:
Type Business _____ # Employees ___ Per Shift ___ ___ ___
Industrial Wastes (Y/N) ___
Underground Storage Tanks On Property (Y/N) ___ Type _____

WATER SUPPLY (check one):
☐ Community (C) ☐ Shared Well (S)
☐ Municipal (M) ☐ Other 'spring' (O)
☒ Private Well (P)

FUTURE ADDITIONS - ALL PLANNED ADDITIONS MUST BE ENTERED (check all that apply):
☐ Swimming Pool ☐ Jacuzzi ☐ Stable/Barn ☐ Workshop ☐ None
☐ Garage ☐ Storage Building ☐ Deck/Patio ☐ Bedrooms ☐ Other

The undersigned, owner, or legal agent for the owner, of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: Barbara Edwards (Wortman) Date: 9-13-95

NOTICE:

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

...No work shall be conducted on the septic tank system until an installation, Construction, Alteration and/or Repair approval is granted by this Department.

...This permit is not transferable.

☐ IMPROVEMENT PERMIT - VALID 60 MONTHS FROM ISSUANCE
☐ MOBILE HOME EXCHANGE APPROVAL - VALID 6 MONTHS FROM ISSUANCE
☑ ADDITION/RENOVATION APPROVAL - VALID 1 YEAR FROM ISSUANCE
Storage Building

...9/19/95 OSW. Footings for Stor. Bldg. poured. No visible malfunction.

9/20/95 PC w/BL Wortman stated repair never done in 1989 - broken waterline flooding drainfield system.

9/20/95 Approval to use Existing system for Storage Building - No plumbing for

Lisa B. Trivalik 9/20/95
Environmentalist Date

Director or Authorized Section Head Septic Program Chief 9-20-95
Date

WATER 2279

# Wm. J. Workman, Jr. M.D.

2711 Randolph Road, Suite 309 o Charlotte o NC o USA o 28207

704/376-1580 FAX 704/342-4088


Date: 15 September Total # of pages including cover sheet: 3

To: Lisa B. Mialik, R.S Recipient Fax: 336 · 6894

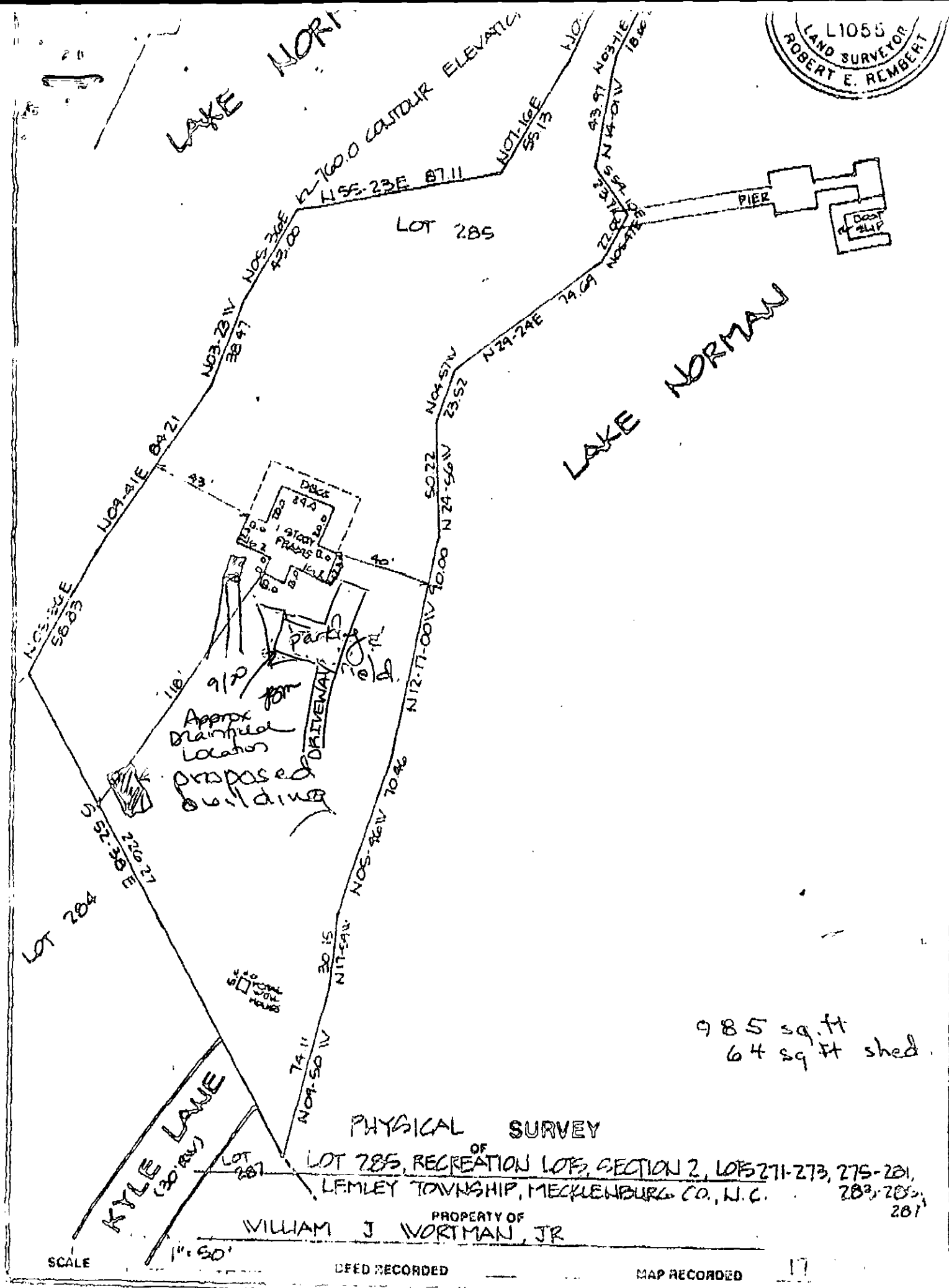
From: W J W. Jr. Sender Fax: 704 / 342 - 4088

Memo:

Confirming my message on your voice mail this morning.
We need clearance to obtain a building permit for a storage shed. I have enclosed a plat showing the septic system and the location of the shed. They are about 50+ feet apart. Since obtaining contractors and other workers to do construction up at the lake is very difficult and as I currently have brick layers and building fabricators on hold there a small degree of urgency. Anything you can give will be appreciated. If someone's presence is needed please let either me or my wife, Andrea Edwards know. Her # is (0) 878 · 5295

Thanks!


Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax·Fax




985 sq. ft
64 sq ft shed.

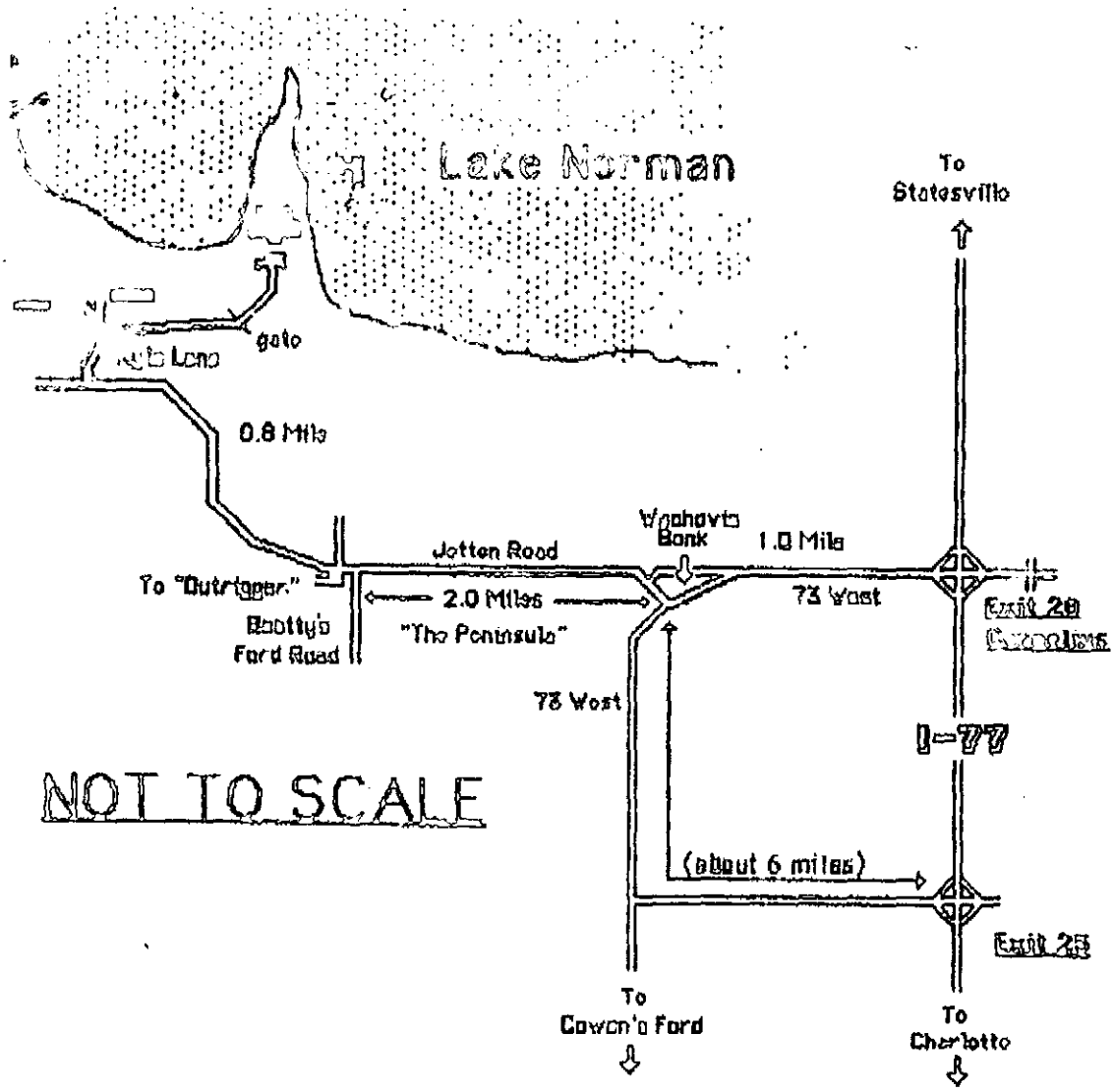
PHYSICAL SURVEY

OF LOT 285, RECREATION LOTS, SECTION 2, LOTS 271-273, 275-281, 283, 285, 287
LEMLEY TOWNSHIP, MECKLENBURG CO., N.C.

PROPERTY OF
WILLIAM J IVORTMAN, JR

SCALE 1" = 50'

DEED RECORDED ____ MAP RECORDED 17



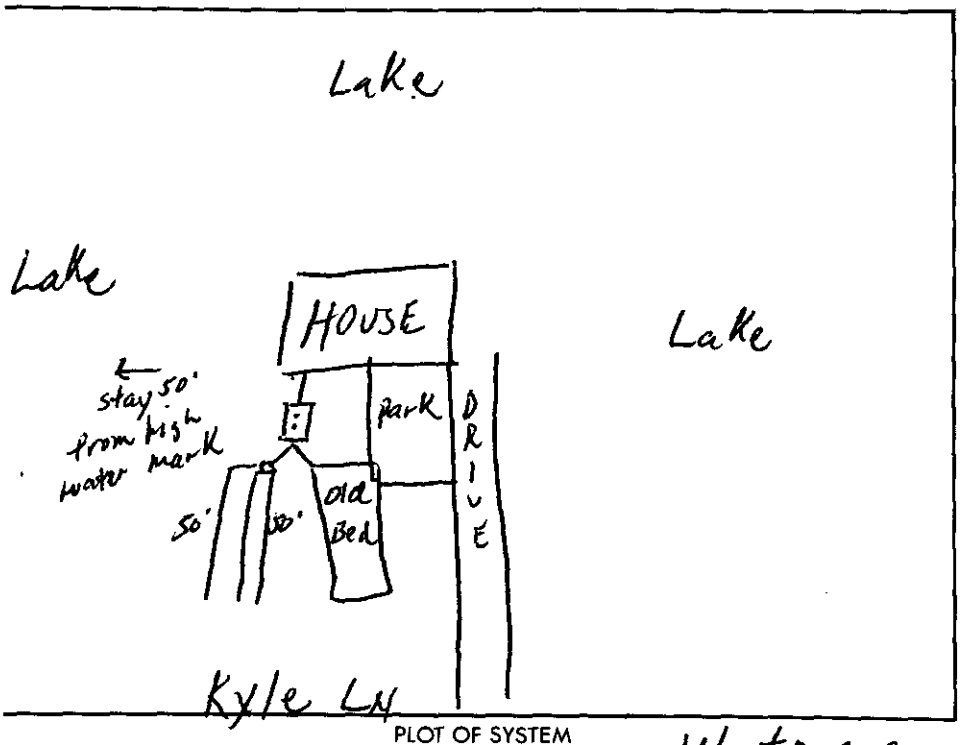

Take I-77 North from Charlotte. You may turn off at either Exit 25 or Exit 28. Exit 28 takes you by some shopping centers if you need to pick up food or supplies. If you use Exit 28, turn left at the top of the ramp onto Highway 73. Pass multiple fast-food joints. Harris-Teeter is in the shopping center on the right and Bi-Lo is on the left farther on. The ABC store is to the right on 73 at the top of the ramp. Exit 25 avoids some traffic and Food Lion is on the right after crossing back over I-77. Follow the map to Jetton Road, which leads to The Peninsula. Turn onto Jetton at the Wachovia Bank light. Drive through The Peninsula, cross Beatty's Ford Road, pass the entrance to The Outrigger, then continue on 0.8 mile. You may see my blue mailbox with flowers and my name. An occasional drunk neighbor knocks it down but they usually put it back up! Turn right onto Kyle Lane (unpaved, except the first 20 feet). Follow the road to and through the gate and stop before you hit either water, my car, or the house. If you get lost the phone number is 892-0170.

# INSTALLATION, CONSTRUCTION, ALTERATION, AND/OR REPAIR PERMIT

MECKLENBURG COUNTY ENVIRONMENTAL HEALTH
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

FILE: 3984A DATE: 8/22/89
TC: 001-331-18 ☐L
SERIAL № 12936

Permission is hereby given to ____ Install or Construct, ✓ Alter or Repair the individual septic tank wastewater treatment system with subsurface, soil absorption, effluent discharge as specified herein at the described location. This permit is granted based upon the information supplied in the application dated 8/15/89. All work shall be completed on or before 9/22/89, after which date this permit shall be null and void. The system shall meet all of the construction requirements of 10 NCAC 10A .1900 which are in effect on the date of the granting of this permit. A Certificate of Completion or an Operation Permit must be obtained from the Mecklenburg County Department of Environmental Health before any system can be covered up or placed into service. The issuance of this permit does not in any way guarantee that the system anticipated to be constructed will operate properly, or relieve any person now or hereafter owning, controlling or using such system from any liability resulting from the failure of the system to operate properly.




PLOT OF SYSTEM

Liquid Capacity of Septic Tank — gallons
Liquid Capacity of Dosing Tank — gallons
Tank Construction —

Absorption and/or Nitrification Lines:
Trench Width 3' feet
Total Line Length 150' feet
Number of Lines 3
Depth of Stone 12" inches
Distance from House 5 feet
Distance from Property Line 10' feet
Distance from Well 750 feet

NAME OF OWNER Wortman William J ~~Wortman Jr~~ Jr
LOCATION OF PROPERTY ~~2711 Randolph Rd, Suite 309~~ 18939 Kyle Ln
Comments: 3 Trenches x 50' x 3' x 12"D
Stay 50' from high water mark

Division or Section Head

Philo S. Walker
Environmentalist

* If this permit is for the installation or construction of a new system, it must be signed by the division or a section head of the Department of Environmental Health in order to be valid. Only the signature of the Environmentalist is required where an existing system is being altered or repaired.

WHITE - ENVIRONMENTAL HEALTH DEPARTMENT'S COPY ● CANARY - ENVIRONMENTALIST'S COPY ● PINK - OWNER OR AGENTS COPY

# APPLICATION FOR AN IMPROVEMENT PERMIT

HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION
1200 BLYTHE BOULEVARD
CHARLOTTE, NC 28203
PHONE (704) 376-4603

Mecklenburg County services are available without regard to ethnic origin, sex, or disability.

(OFFICE USE ONLY)
FILE: 5984A
TC: 001-331-18
SERIAL: № 19037 ☐ L ☐ CRT

**JOB LOCATION**

① ADDRESS: 18937 (STREET NO.) Kyle Ln. (STREET) ② FILE:
③ JURISDICTION: ④ TAX PARCEL NO.:
⑤ SUBDIVISION: ⑥ LOT: ⑦ BLOCK:

**OWNER**

⑧ NAME: WILLIAM (FIRST) J. (MIDDLE) WORTMAN, JR. (LAST)
⑨ MAILING ADDRESS: 2711 RANDOLPH ROAD, SUITE 309
⑩ CITY: CHARLOTTE ⑪ STATE: N.C. ⑫ ZIP: 28207
⑬ PHONE: (WORK) 376-1580 ⑭ (HOME)

**REQUEST**

This request is for a(n):

⑮ ☐ New permit
⑯ ☒ Repair or alteration permit
⑰ ☐ Authorization for mobile home exchange
⑱ ☐ Other (specify)

**DESIGN CRITERIA**

System will serve:

⑲ ☒ Residence ⑳ ☐ Mobile home ㉑ ☐ Business or place of public assembly
㉒ Number of bedrooms? 2 ㉕ Type?
㉓ Maximum occupancy? 6 ㉖ Maximum number of employees?
㉔ Basement? ☐ yes ☒ no ㉗ Maximum number of seats?

**WATER SUPPLY**

㉘ Water supply from (present or proposed):

A ☒ Individual well
B ☐ Municipal system
C ☐ Community well
D ☐ Community system

㉙ The undersigned, owner of the property described above as the "JOB LOCATION" has read the foregoing application, acknowledges that the contents of same are true, and authorizes agents of the MECKLENBURG COUNTY HEALTH DEPARTMENT to enter onto the property for the purpose of processing this request.

Signed: W. Wortman M.D.
Date: 15 August 1989

## IMPROVEMENT PERMIT

The undersigned, an authorized agent of the MECKLENBURG COUNTY HEALTH DEPARTMENT, certifies that the Department has approved the Request for the Job Location contained in this document. This approval is granted in accordance with the provisions of Laws And Rules For Sanitary Sewage Collection, Treatment And Disposal in effect at the time of issuance of the permit and is subject to the following provisions:

... No work shall be conducted on the septic tank system until an Installation, Construction, Alteration and/or Repair permit is issued by this Department.

... This permit is not transferable, and shall become null and void 36 months from the date of issuance.

Repair

Philo S Walker, 8/23/89
Environmentalist Date

Director or Authorized Section Head Date

*This permit must be signed by the Director of Mecklenburg County Health Department or an authorized section head in order to be valid.